## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number, 09920887 5 20.40 4 15 X 0 7

CLAIMS AS FILED - PART				1		S	SMALL ENTITY		OTHER THAN				
			(Column 1)		(Column 2)		_	TYPE		OR			
TOTAL CLAIMS		3		· 2-			RATE	FEE	]	RATE	FEE		
FOR		NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			3 minus 20=		0			X\$ 9=	- 2.	OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		. 9			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=		
If the difference in column 1 is less than zero, enter					r <b>"0"</b> in c	olumn 2	L	TOTAL		OR	TOTAL	710	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
.,	(Column 1) (Column 2) (Column 2)							SMALL I	ENTITY	OR			
T.A.		CLAIMS REMAINING AFTER		HIGH NUM PREVIO	BER	PRESENT		RATE	-ADDI- TIONAL		RATE	ADDI- TIONAL	
ENT		AMENDMENT		PAID		EXTRA		·	FEE		1.	FEE	
ENO.	Total -	• 12	Minus	-20	0	- Ø		X\$ 9=		OR	X\$18=		
AH	independent	NTATION OF MI	Minus ILTIPLE DEI	PENDEND	CLAIM	- 10		X40=		OR	X80= ¾		
				LILOLIV	COdiți		'	+135≐		OR	+270=		
-	Allera and a second					<u> </u>		TOTAL	· Marian	OB	JOTAL ADDITY FEE	- years of a division	
(Column 2) (Column 3)											ADDIT: FEE	Andreas and the	
		CLAIMS		HIGH		(0010111113)	1 _	<del> i</del>	ADDI-		and Property		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* · · · · · · · · · · · · · · · · · · ·	Minus	**	٠.	=	lΓ	X\$ 9= ·		OR	X\$18=		
	Independent	NTATION OF MU	Minus	***	CLAIN	= .		X40=		OR	X80=		
	ringi Phese	NIAHON OF MC	CIPLE DEF	ENDENI	CLAIM		<b>'</b> [	+135=		OR	+270=		
	•							TOTAL		OR	TOTAL	·	
•	•	(0-1 4)		<b>(0</b> -1	0\	(O-l	AE	DIT. FEE L		<b></b>	ADDIT. FEE		
		(Column 1)		(Colur High		(Column 3)	ا				•.		
<b>AMENDMENT C</b>		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
¥ Q N	Total	•	Minus	**		8		X\$ 9=		OR	X\$18=		
IME	Independent	•	Minus	***		<b>a</b>		X40=		I	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						▎┡	A-10=		OR		<u> </u>	
• 1	f the entry in colu	mn 1 is less than th	e entry in colu	mn 2 welto	TO In and	umn 3	· L	+135=		OR	+270=	·	
••	if the "High st Nu	mber Previousty Pa	id For IN THIS	S SPACE I	s less than	20, enter *20.	* AD	TOTAL DIT. FEE		OR ,	TOTAL ADDIT, FEE		
,	The "Highest Nur	**If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											